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| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| SOUTHERN DISTRICT OF WEST VIRGINIA              | -                             |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself  |  |   |   |  |
|-----|--|--|---|---|--|
|     |  | About Debtor 1:                                  | About Debtor 2 (Spouse Only in a Joint Case): | Debtor 2 (Spouse Only in a Joint Case): |  |
| 1.  | Your full name   |  |   |   |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).        | Nick First name  Adam  Middle name               | First name  Middle name                       |   |  |
|     | Bring your picture identification to your meeting with the trustee.  | Stamper Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      | ne and Suffix (Sr., Jr., II, III)       |  |
| 2.  | All other names you have used in the last 8 years  | 9  |   |   |  |
|     | Include your married or maiden names.  |  |   |   |  |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-8739                                      |   |   |  |

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Debtor 1 Nick Adam Stamper

Case number (if known)

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|--|---|---|--|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)   |  |  |  |
|  |   | EINs  | EINs   |  |  |  |
| 5.   | Where you live                                  |   | If Debtor 2 lives at a different address:  |  |  |  |
|  |   | 413 Lawson St.<br>Hurricane, WV 25526   |  |  |  |  |
|  |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|  |   | Putnam<br>County  | County   |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |  |
|  |   |   |  |  |  |  |

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Debtor 1 Nick Adam Stamper

Case number (if known)

| ı Gı | t 2: Tell the Court About   | i oui b                  | ankruptcy Ca                     | se  |  |  |  |  |
|------|---|--------------------------|----------------------------------|---|--|--|--|--|
| 7.   | The chapter of the Bankruptcy Code you are  |                          |                                  |   | of each, see <i>Notice Required by</i> page 1 and check the appropriat                             | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy te box.   |  |  |
|      | choosing to file under  | ■ Chapter 7 □ Chapter 11 |                                  |   |  |  |  |  |
|      |   |                          |                                  |   |  |  |  |  |
|      |   | □ с                      | hapter 12                        |   |  |  |  |  |
|      |   | □ с                      | hapter 13                        |   |  |  |  |  |
|      |   |                          |                                  |   |  |  |  |  |
| 8.   | How you will pay the fee  |                          | about how yo                     | u may pay. Typi<br>attorney is subn       | ically, if you are paying the fee yo   | ck with the clerk's office in your local court for more detail<br>ourself, you may pay with cash, cashier's check, or mone<br>alf, your attorney may pay with a credit card or check wit |  |  |
|      |   |                          |                                  |   | allments. If you choose this options (Official Form 103A).   | on, sign and attach the Application for Individuals to Pay   |  |  |
|      |   |                          | ŭ                                |   | ` ,  | n only if you are filing for Chapter 7. By law, a judge may  |  |  |
|      |   |                          | but is not req<br>applies to you | uired to, waive y<br>ur family size an    | our fee, and may do so only if your fee, and may do so only if you you are unable to pay the fee i | our income is less than 150% of the official poverty line the ininstallments). If you choose this option, you must fill outial Form 103B) and file it with your petition.                |  |  |
| 9.   | Have you filed for bankruptcy within the  | ■ No                     | ).                               |   |  |  |  |  |
|      | last 8 years?   | ☐ Ye                     | s.                               |   |  |  |  |  |
|      |   |                          | District                         |   | When   | Case number  |  |  |
|      |   |                          | District                         |   | When   | Case number  |  |  |
|      |   |                          | District                         |   | When   | Case number  |  |  |
| 10.  | Are any bankruptcy  | ■ No                     | )                                |   |  |  |  |  |
|      | cases pending or being filed by a spouse who is not filing this case with you, or by a business | ☐ Ye                     | es.                              |   |  |  |  |  |
|      | partner, or by an affiliate?  |                          |                                  |   |  |  |  |  |
|      | aiiiiate:   |                          | Debtor                           |   |  | Relationship to you  |  |  |
|      |   |                          | District                         |   | When   | Case number, if known  |  |  |
|      |   |                          | Debtor                           |   | <del></del>  | Relationship to you  |  |  |
|      |   |                          | District                         |   | When   | Case number, if known  |  |  |
| 11.  | Do you rent your residence?   | ■ No                     | Go to I                          | ne 12.                                    |  |  |  |  |
|      | . Journal .   | ☐ Ye                     | es. Has yo                       | ur landlord obta                          | ined an eviction judgment agains   | st you?  |  |  |
|      |   |                          |                                  | No. Go to line 1                          | 12.  |  |  |  |
|      |   |                          |                                  | Yes. Fill out <i>Init</i> this bankruptcy |  | Judgment Against You (Form 101A) and file it as part of  |  |  |

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|          |                   | Document | raut 4 01 40           |  |
|----------|-------------------|----------|------------------------|--|
| Debtor 1 | Nick Adam Stamper |          | Case number (if known) |  |

| Par | Report About Any Bu   | sinesses '   | You Own          | as a Sole Proprie                   | tor   |  |
|-----|---|--|------------------|-------------------------------------|---|--|
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.  | Go to            | Part 4.                             |   |  |
|     |   | ☐ Yes.   | Name             | and location of bus                 | siness  |  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |  | Name             | Name of business, if any            |   |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |  | Numb             | er, Street, City, Sta               | te & ZIP Code   |  |
|     | it to this petition.  |  | Check            | the appropriate bo                  | ox to describe your business:   |  |
|     |   |  |                  | Health Care Busin                   | ness (as defined in 11 U.S.C. § 101(27A))   |  |
|     |   |  |                  | Single Asset Real                   | Estate (as defined in 11 U.S.C. § 101(51B))   |  |
|     |   |  |                  | Stockbroker (as d                   | lefined in 11 U.S.C. § 101(53A))  |  |
|     |   |  |                  | Commodity Broke                     | er (as defined in 11 U.S.C. § 101(6))   |  |
|     |   |  |                  | None of the above                   | e   |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set at deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the in 11 U.S.C. 1116(1)(B). |                  |                                     | a small business debtor, you must attach your most recent balance sheet, statement of   |  |
|     | For a definition of small   | ■ No.  | I am n           | ot filing under Chap                | oter 11.  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.  | I am fi<br>Code. | ling under Chapter                  | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |
|     |   | ☐ Yes.   | I am fi          | ling under Chapter                  | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |
| Par | t 4: Report if You Own or   | Have Anv   | Hazardo          | us Property or An                   | y Property That Needs Immediate Attention   |  |
|     | Do you own or have any  | ■ No.  |                  |                                     | ,   |  |
|     | property that poses or is   | ☐ Yes.   |                  |                                     |   |  |
|     | alleged to pose a threat of imminent and identifiable hazard to public health or safety?  | □ res.   | What is t        | he hazard?                          |   |  |
|     | Or do you own any property that needs immediate attention?  |  |                  | iate attention is why is it needed? |   |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |  | Where is         | the property?                       |   |  |
|     |   |  |                  |                                     | Number, Street, City, State & Zip Code  |  |
|     |   |  |                  |                                     |   |  |

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Debtor 1 Nick Adam Stamper

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Der | NICK Adam Stamp   | )ei  |  |  | ibei (ii known)  |  |  |  |  |
|-----|---|--|--|--|--|--|--|--|--|
| Par | t 6: Answer These Quest   | ions for Repo  | rting Purposes   |  |  |  |  |  |  |
| 16. | What kind of debts do you have?   | inc  | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."         |  |  |  |  |  |  |
|     |   |  | □ No. Go to line 16b.  |  |  |  |  |  |  |
|     |   |  | Yes. Go to line 17.  |  |  |  |  |  |  |
|     |   |  | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |  |  |  |  |  |  |
|     |   |  | ☐ No. Go to line 16c.  |  |  |  |  |  |  |
|     |   |  | Yes. Go to line 17.  |  |  |  |  |  |  |
|     |   | 16c. Sta   | ate the type of debts you owe t  | hat are not consumer debts or busin  | ness debts   |  |  |  |  |
| 17. | Are you filing under<br>Chapter 7?  | □ No. la   | m not filing under Chapter 7. G  | io to line 18.   |  |  |  |  |  |
|     | Do you estimate that after any exempt property is excluded and                          |  |  | ou estimate that after any exempt pole to distribute to unsecured creditor | roperty is excluded and administrative expenses ors?                                 |  |  |  |  |
|     | administrative expenses   |  | No   |  |  |  |  |  |  |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |  | Yes  |  |  |  |  |  |  |
| 18. | How many Creditors do   | <b>1</b> -49   |  | <b>1</b> ,000-5,000  | □ 25,001-50,000  |  |  |  |  |
|     | you estimate that you owe?  | ☐ 50-99  |  | <b>5001-10,000</b>   | □ 50,001-100,000   |  |  |  |  |
|     |   | □ 100-199<br>□ 200-999   |  | □ 10,001-25,000  | ☐ More than100,000   |  |  |  |  |
| 19. | How much do you ☐ \$0   |  | 000  | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion  |  |  |  |  |
|     | estimate your assets to be worth?   | \$50,001 -   |  | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million               | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                |  |  |  |  |
|     |   | □ \$100,001<br>□ \$500,001   |  | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion   |  |  |  |  |
| 20. | How much do you estimate your liabilities   | □ \$0 - \$50,0   |  | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion  |  |  |  |  |
|     | to be?  | \$50,001   |  | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million               | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10.000,000,001 - \$50 billion                |  |  |  |  |
|     |   | □ \$100,001<br>□ \$500,001   |  | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion   |  |  |  |  |
| Par | t 7: Sign Below   |  |  |  |  |  |  |  |  |
| For | you   | I have exami   | ned this petition, and I declare   | under penalty of perjury that the inf                                      | formation provided is true and correct.  |  |  |  |  |
|     |   |  |  |  | ole, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7. |  |  |  |  |
|     |   |  |  | ay or agree to pay someone who is tice required by 11 U.S.C. § 342(b).     | not an attorney to help me fill out this   |  |  |  |  |
|     |   | I request reli   | ef in accordance with the chap   | ter of title 11, United States Code, s                                     | pecified in this petition.   |  |  |  |  |
|     |   | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |  |  |  |  |  |  |
|     |   | /s/ Nick Ad<br>Nick Adam   | am Stamper<br>Stamper  | Signature of Del   | btor 2   |  |  |  |  |
|     |   | Signature of   |  | Signature of Bo  | <del></del> -  |  |  |  |  |
|     |   | Executed on  | February 11, 2019  | Executed on  |  |  |  |  |  |
|     |   |  | MM / DD / YYYY   |  | MM / DD / YYYY   |  |  |  |  |

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Debtor 1 Nick Adam Stamper Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Megan A. Patrick                   | Date          | February 11, 2019      |
|--|---------------|------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY         |
| Megan A. Patrick 12592                 |               |                        |
| Printed name                           |               |                        |
| Klein and Sheridan LC                  |               |                        |
| Firm name                              |               |                        |
| 3566 Teays Valley Road                 |               |                        |
| Hurricane, WV 25526                    |               |                        |
| Number, Street, City, State & ZIP Code |               |                        |
| Contact phone (304) 562-7111           | Email address | bankruptcy@kswvlaw.com |
| 12592 WV                               |               |                        |
| Bar number & State                     |               | <del></del>            |

|                        |                          | DOCUIII           |                  |                       |
|------------------------|--------------------------|-------------------|------------------|-----------------------|
| Fill in this infor     | mation to identify your  | case:             |                  |                       |
| Debtor 1               | Nick Adam Stam           | per               |                  |                       |
|                        | First Name               | Middle Name       | Last Name        |                       |
| Debtor 2               |                          |                   |                  |                       |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name        |                       |
| United States Ba       | ankruptcy Court for the: | SOUTHERN DISTRICT | OF WEST VIRGINIA |                       |
| Case number (if known) |                          |                   |                  | ☐ Check if this is an |
|                        |                          |                   |                  | amended filing        |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your as      | ssets                  |
|-----|--|--------------|------------------------|
|     |  | Value o      | f what you own         |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 68,000.00              |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 4,460.00               |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 72,460.00              |
| Pai | t 2: Summarize Your Liabilities  |              |                        |
|     |  |              | abilities<br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 66,632.00              |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$           | 0.00                   |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 13,868.98              |
|     | Your total liabilities   | \$           | 80,500.98              |
| Pai | t 3: Summarize Your Income and Expenses  |              |                        |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 2,331.98               |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 2,375.00               |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records   |              |                        |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sch | nedules.               |
|     | ■ Yes  |              |                        |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Nick Adam Stamper

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

3,016.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total cla | im   |
|--|-----------|------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$        | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 0.00 |

|             | Case                             | 3:19-bk-30                  | 044 Doc 1   |            | ed 02/<br>:umen |                           | Enter<br>age 10  | ed 02/13       | 1/19 09:               | 59:26                           | Des      | sc Main                                  |
|-------------|----------------------------------|-----------------------------|---|------------|-----------------|---------------------------|------------------|----------------|------------------------|---------------------------------|----------|--|
| Filli       | in this inforn                   | nation to identify          | your case and th  |            |                 |                           | aue 10           | 01 40          |                        |                                 |          |  |
| Deb         | tor 1                            | Nick Adam S                 | Stamper   |            |                 |                           |                  |                |                        |                                 |          |  |
| <b>.</b>    |                                  | First Name                  | Middle  | Name       |                 | Las                       | st Name          |                |                        |                                 |          |  |
|             | tor 2<br>ise, if filing)         | First Name                  | Middle  | Name       |                 | La                        | st Name          |                |                        |                                 |          |  |
| Unit        | ed States Ba                     | nkruptcy Court for          | the: SOUTHER  | N DISTI    | RICT OF         | WEST V                    | /IRGINIA         |                |                        |                                 |          |  |
| Casi        | e number                         |                             |   |            |                 |                           |                  |                |                        |                                 |          | Chaple if this is an                     |
| Oas         |                                  |                             |   |            |                 |                           |                  |                |                        |                                 | ч        | Check if this is an<br>amended filing    |
| Sc<br>n ead | hedulo                           |                             | operty  |            |                 |                           |                  |                |                        |                                 |          | 12/15                                    |
| nforr       | mation. If more<br>er every ques | e space is needed,<br>tion. | accurate as possible<br>attach a separate sh<br>uilding, Land, or Otl | neet to th | his form. (     | On the top                | p of any add     | itional pages  |                        |                                 |          |  |
|             |                                  | <del>-</del>                | uitable interest in a   |            |                 |                           |                  |                |                        |                                 |          |  |
| _           | No. Go to Part                   | , ,                         | anabio intoroct in a  | ,          | o1100, Bui      | ranig, ian                | u, or omina      | proporty.      |                        |                                 |          |  |
|             | Yes. Where is                    |                             |   |            |                 |                           |                  |                |                        |                                 |          |  |
| _           | res. where is                    | the property?               |   |            |                 |                           |                  |                |                        |                                 |          |  |
|             |                                  |                             |   |            |                 |                           |                  |                |                        |                                 |          |  |
| 1.1         |                                  |                             |   | What       | is the pro      | operty? CI                | heck all that ap | ply            |                        |                                 |          |  |
|             |                                  | ynolds Ave.                 |   |            | Single-fa       | amily home                | е                |                | Do not ded             | uct secured cla                 | aims (   | or exemptions. Put                       |
|             | Street address,                  | if available, or other des  | cription  |            | Duplex of       | or multi-un               | it building      |                |                        |                                 |          | ms on Schedule D:<br>ecured by Property. |
|             |                                  |                             |   |            | Condom          | inium or c                | cooperative      |                | ordanord r             |                                 | 0        | oured by ricperty.                       |
|             |                                  |                             |   | П          | Manufac         | ctured or m               | nobile home      |                |                        |                                 |          |  |
|             | Belle                            | wv                          | 25015-0000  | _          | Land            |                           |                  |                | Current va entire prop |                                 |          | rrent value of the rtion you own?        |
|             | City                             | State                       | ZIP Code  |            | Investme        | ent proper                | ty               |                |                        | 88,000.00                       | ро       | \$68,000.00                              |
|             |                                  |                             |   |            | Timesha         | are                       |                  |                | Describe t             | he nature of y                  | our o    | ownership interest                       |
|             |                                  |                             |   | Who        |                 | toroot in t               | he property      | 2 Oh I         | •                      | ee simple, ten<br>e), if known. | ancy     | by the entireties, or                    |
|             |                                  |                             |   | VVIIO      | Debtor 1        |                           | ile property     | r Check one    | fee simp               | •                               |          |  |
|             | Kanawha                          |                             |   |            | Debtor 2        | 2 only                    |                  |                |                        |                                 |          |  |
|             | County                           |                             |   |            | Debtor 1        | 1 and Debt                | tor 2 only       |                | — Check                | if this is con                  | nmun     | ity property                             |
|             |                                  |                             |   |            | At least        | one of the                | debtors and      | another        |                        | structions)                     | ·····a·· | ity property                             |
|             |                                  |                             |   |            |                 | tion you w<br>ification n |                  | bout this iter | n, such as lo          | cal                             |          |  |
|             |                                  |                             |   |            |                 |                           |                  |                |                        |                                 |          |  |
|             |                                  |                             |   |            |                 |                           |                  |                |                        |                                 |          |  |
| 2           | Add the dall:                    | ar value of the no          | ortion you own fo   | r all of   | vour ent        | ries fron                 | n Part 1 ind     | cluding any    | entries for            |                                 |          |  |

pages you have attached for Part 1. Write that number here......=>

\$68,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

page 1 Official Form 106A/B Schedule A/B: Property

Case 3:19-bk-30044 Doc 1 Filed 02/11/19 Entered 02/11/19 09:59:26 Document Page 11 of 48 Case number (if known) Debtor 1 Nick Adam Stamper 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes **Ford** Do not deduct secured claims or exemptions. Put Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: Ranger ■ Debtor 1 only Creditors Who Have Claims Secured by Property. Model 2001 Year: Debtor 2 only Current value of the Current value of the 189000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another \$1,000.00 \$1,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$1,000.00 .pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Household goods and furnishings \$50.00 \$100.00 furniture 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... all electronics \$300.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe.....

Official Form 106A/B Schedule A/B: Property page 2

Case 3:19-bk-30044 Doc 1 Filed 02/11/19 Entered 02/11/19 09:59:26 Document Page 12 of 48 Case number (if known) Debtor 1 Nick Adam Stamper 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... \$500.00 all clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ No Yes. Describe..... \$10.00 1 cat 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$960.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No □ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **City National Bank** \$500.00 17.1. checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

☐ Yes. Give specific information about them.....

Case 3:19-bk-30044 Doc 1 Filed 02/11/19 Entered 02/11/19 09:59:26 Desc Main Document Page 13 of 48 Case number (if known) Debtor 1 Nick Adam Stamper Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401k \$500.00 Reliant/Wells Fargo 401k \$1,500.00 **Fidelity** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions.

### 28. Tax refunds owed to you

☐ No

Yes. Give specific information about them, including whether you already filed the returns and the tax years......

potential 2018 tax refund state Unknown

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Case number (if known) Debtor 1 Nick Adam Stamper potential 2018 tax refund federal Unknown 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Π Nο Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: PEIA term policy through employer \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$2.500.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7.

☐ Yes. Go to line 47.

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Document Page 15 of 48 Case number (if known) Debtor 1 Nick Adam Stamper Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$68,000.00 Part 2: Total vehicles, line 5 \$1,000.00 Part 3: Total personal and household items, line 15 57. \$960.00 Part 4: Total financial assets, line 36 \$2,500.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00

\$4,460.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 6

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$4,460.00

\$72,460.00

|                     |                          | Docume            |                  |                     |
|---------------------|--------------------------|-------------------|------------------|---------------------|
| Fill in this infor  | mation to identify your  | case:             |                  |                     |
| Debtor 1            | Nick Adam Stam           | per               |                  |                     |
|                     | First Name               | Middle Name       | Last Name        |                     |
| Debtor 2            |                          |                   |                  |                     |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |                     |
| United States Ba    | ankruptcy Court for the: | SOUTHERN DISTRICT | OF WEST VIRGINIA |                     |
| Case number         |                          |                   |                  |                     |
| (if known)          |                          |                   |                  | Check if this is an |
|                     |                          |                   |                  | amended filing      |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the | Property | You Claim | as Exempt |
|---------|--------------|----------|-----------|-----------|
|---------|--------------|----------|-----------|-----------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | Amo                 | ount of the exemption you claim                                 | Specific laws that allow exemption  |
|--------------------------------------|---------------------|---|---|
| Copy the value from<br>Schedule A/B  | Che                 | ck only one box for each exemption.                             |   |
| \$68,000.00                          |                     | \$1,368.00  | WV Const. art. 6 § 48,; W. V<br>Code §§ 38-9-1, 38-10-4(a)  |
|                                      |                     | 100% of fair market value, up to any applicable statutory limit | 33 00 0 1, 00 10 4(a)   |
| \$1,000.00                           |                     | \$1,000.00  | W. Va. Code § 38-10-4(b)  |
|                                      |                     | 100% of fair market value, up to any applicable statutory limit |   |
| \$50.00                              |                     | \$50.00   | W. Va. Code § 38-10-4(c)  |
|                                      |                     | 100% of fair market value, up to any applicable statutory limit |   |
| \$100.00                             |                     | \$100.00  | W. Va. Code § 38-10-4(c)  |
|                                      |                     | 100% of fair market value, up to any applicable statutory limit |   |
| \$300.00                             | •                   | \$300.00  | W. Va. Code § 38-10-4(c)  |
|                                      |                     | 100% of fair market value, up to any applicable statutory limit |   |
|                                      | \$1,000.00 \$100.00 | \$1,000.00  | Check only one box for each exemption.  Schedule A/B  \$68,000.00  \$1,368.00  100% of fair market value, up to any applicable statutory limit  \$1,000.00  100% of fair market value, up to any applicable statutory limit  \$50.00  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit  \$100.00  \$100% of fair market value, up to any applicable statutory limit  \$100.00  \$100% of fair market value, up to any applicable statutory limit |

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|    | THOR Additi Glampoi   |                                      |         | 0000 110111001 (11 10101111)                                    |                                    |
|----|---|--------------------------------------|---------|---|------------------------------------|
|    | Brief description of the property and line on Schedule A/B that lists this property   | Current value of the portion you own | Am      | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |   | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |
|    | all clothing Line from Schedule A/B: 11.1   | \$500.00                             |         | \$500.00  | W. Va. Code § 38-10-4(c)           |
|    | Zino nom osnosalo 772. TTT  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | 1 cat Line from Schedule A/B: 13.1  | \$10.00                              |         | \$10.00   | W. Va. Code § 38-10-4(c)           |
|    | Zino nom osnosalo 772. 1611   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | checking: City National Bank Line from Schedule A/B: 17.1   | \$500.00                             |         | \$500.00  | W. Va. Code § 38-10-4(e)           |
|    | Line IIIIII Schedule A/B. 11.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | 401k: Reliant/Wells Fargo Line from Schedule A/B: 21.1  | \$500.00                             |         | \$500.00  | W. Va. Code § 38-10-4(j)(5)        |
|    | Line Holli Schedule PVD. 21.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | 401k: Fidelity Line from Schedule A/B: 21.2   | \$1,500.00                           |         | \$1,500.00  | W. Va. Code § 38-10-4(j)(5)        |
|    | Line Holli Golleddie PVB. 21.2  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | state: potential 2018 tax refund Line from Schedule A/B: 28.1   | Unknown                              |         | \$0.00  | W. Va. Code § 38-10-4(e)           |
|    | Line Holli Generale PAB. 20.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | federal: potential 2018 tax refund Line from Schedule A/B: 28.2   | Unknown                              |         | \$0.00  | W. Va. Code § 38-10-4(e)           |
|    | Ellie Holli Golloddic PAB. 20.2   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | PEIA term policy through employer Line from Schedule A/B: 31.1  | \$0.00                               |         | \$0.00  | W. Va. Code § 38-10-4(g)           |
|    | Ellie Holli Golledale PAB. G.   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  No  Yes. Did you acquire the property cover  No Yes | 3 years after that for ca            | ises fi | •   | ,                                  |
|    | <b>_</b> 100  |                                      |         |   |                                    |

|                       |   | Document  | Page 2         | 18 of 48                                |                           |                             |
|-----------------------|---|---|----------------|---|---------------------------|-----------------------------|
| Fill in this inform   | nation to identify you                                |   |                |   |                           |                             |
| Debtor 1              | Nick Adam Star  | mpor  |                |   |                           |                             |
| Debtor 1              | First Name  | •   | Last Name      |   |                           |                             |
| Debtor 2              |   |   |                |   |                           |                             |
| (Spouse if, filing)   | First Name  | Middle Name   | Last Name      |   |                           |                             |
| United States Ba      | nkruptcy Court for the:                               | SOUTHERN DISTRICT OF WES  | ST VIRGIN      | NIA                                     |                           |                             |
|                       |   |   |                |   |                           |                             |
| Case number           |   |   |                |   | - Charle                  | if their in an              |
| (II KIIOWII)          |   |   |                |   |                           | if this is an<br>led filing |
|                       |   |   |                |   | amend                     | led lilling                 |
| Official Forn         | n 106D  |   |                |   |                           |                             |
| Schedule              | D. Creditors  | Who Have Claims S   | ecure          | ed by Propert                           | V                         | 12/15                       |
|                       | B. Grountors  | Wile Have Glaims C  | COurt          | sa by 11oport                           | <i>y</i>                  | 12,10                       |
|                       |   | If two married people are filing together<br>out, number the entries, and attach it to        |                |   |                           |                             |
| 1. Do any creditors   | have claims secured by                                | y your property?  |                |   |                           |                             |
| ☐ No. Check           | this box and submit tl                                | his form to the court with your other s   | chedules.      | You have nothing else t                 | o report on this form.    |                             |
| _                     | all of the information                                | •   |                | J                                       |                           |                             |
|                       |   | below.  |                |   |                           |                             |
|                       | II Secured Claims                                     |   |                | . Column A                              | Column B                  | Column C                    |
|                       |   | more than one secured claim, list the credits a particular claim, list the other creditors in |                | ely                                     | Value of collateral       | Unsecured                   |
|                       |   | cal order according to the creditor's name.   |                | Do not deduct the                       | that supports this        | portion                     |
| 2.1 Nationsta         | r/mr Cooper   | Describe the property that secures the  | e claim:       | value of collateral. <b>\$66,632.00</b> | claim<br>\$68,000.00      | If any <b>\$0.00</b>        |
| Creditor's Name       | ·   | 147 W. Reynolds Ave. Belle, V   |                |   |                           | <del></del>                 |
|                       |   | 25015 Kanawha County  |                |   |                           |                             |
|                       | ress Waters   | As of the date you file, the claim is: Ch   | nack all that  |   |                           |                             |
| Blvd                  | EV 75040  | apply.  | ieck all triat |   |                           |                             |
| Coppell, 7            |   | ☐ Contingent  |                |   |                           |                             |
| Number, Street        | , City, State & Zip Code                              | Unliquidated  |                |   |                           |                             |
| Who owes the de       | ebt? Check one  | ☐ Disputed  Nature of lien. Check all that apply.   |                |   |                           |                             |
| ■ Debtor 1 only       | one on one  | ☐ An agreement you made (such as mo   | ortgage or s   | secured                                 |                           |                             |
| Debtor 2 only         |   | car loan)   | origago or i   | 5554.54                                 |                           |                             |
| Debtor 1 and De       | ebtor 2 only  | ☐ Statutory lien (such as tax lien, mech  | anic's lien)   |   |                           |                             |
| _                     | he debtors and another                                | ☐ Judgment lien from a lawsuit  |                |   |                           |                             |
| ☐ Check if this cl    | aim relates to a                                      | Other (including a right to offset)   |                |   |                           |                             |
| community de          | ebt   |   |                |   |                           |                             |
|                       | Opened  |   |                |   |                           |                             |
|                       | 08/16 Last  |   |                |   |                           |                             |
|                       | Active  |   | 046            | -                                       |                           |                             |
| Date debt was inc     | urred 7/02/18   | Last 4 digits of account numbe  | er 816         |   |                           |                             |
|                       |   |   |                |   |                           |                             |
| Add the dellar va     | alue of your entries in C                             | olumn A on this page. Write that number   | or horo:       | \$66,63                                 | 22.00                     |                             |
|                       | -   | the dollar value totals from all pages.   | or nere.       |   |                           |                             |
| Write that number     | er here:  | . 5   |                | \$66,63                                 | 32.00                     |                             |
| Part 2: List Oth      | ners to Be Notified fo                                | r a Debt That You Already Listed  |                |   |                           |                             |
|                       |   | e notified about your bankruptcy for a c  | leht that v    | ou already listed in Part 1             | For example, if a collect | tion agency is              |
| trying to collect fro | om you for a debt you o                               | we to someone else, list the creditor in  | Part 1, and    | d then list the collection a            | gency here. Similarly, if | you have more               |
|                       | or any of the debts that<br>not fill out or submit th | you listed in Part 1, list the additional only is page.                                       | Jeunors N      | ere. Ir you do not have ad              | uiuonai persons to de n   | Juneu for any               |
|                       |   |   |                |   |                           |                             |
|                       | ber, Street, City, State & Z                          | Zip Code  | On w           | hich line in Part 1 did you e           | nter the creditor? _2.1_  |                             |
|                       | tee Services<br>St., Suite 108                        |   | 1 ==*          | A digito of account                     |                           |                             |
|                       | on, WV 25701  |   | Last           | 4 digits of account number              | _                         |                             |

Official Form 106D

|   |  | Document   | Page 1                          | 9 of 48   | _                                 |  |
|---|--|--|---------------------------------|---|-----------------------------------|--|
| Fill in this in   | formation to identify your   | case:  |                                 |   |                                   |  |
| Debtor 1  | Nick Adam Stamp  | per  |                                 |   |                                   |  |
|   | First Name   | Middle Name  | Last Name                       |   |                                   |  |
| Debtor 2 (Spouse if, filing)  | First Name   | Middle Name  | Last Name                       |   |                                   |  |
| United States   | Bankruptcy Court for the:  | SOUTHERN DISTRICT OF W   | EST VIRGINI                     | Α   |                                   |  |
| Case numbe<br>(if known)  | r  |  |                                 |   | _                                 | theck if this is an mended filing            |
| Official F  | orm 106E/F   |  |                                 |   |                                   |  |
| Schedule  | e E/F: Creditors W   | ho Have Unsecured  | Claims                          |   |                                   | 12/15  |
| Schedule G: Ex<br>Schedule D: Co<br>left. Attach the<br>name and case | xecutory Contracts and Unexpreditors Who Have Claims Sec<br>Continuation Page to this page<br>number (if known).   | that could result in a claim. Also lired Leases (Official Form 106G). Dured by Property. If more space is le. If you have no information to repart of the country of the co | o not include<br>needed, copy t | any creditors with partially<br>he Part you need, fill it out | secured claims<br>, number the en | that are listed in tries in the boxes on the |
|   | st All of Your PRIORITY Un   |  |                                 |   |                                   |  |
| _ `   | editors have priority unsecure   | a ciaims against you?  |                                 |   |                                   |  |
| ■ No. Go  | to Part 2.   |  |                                 |   |                                   |  |
| ☐ Yes.  | st All of Your NONPRIORIT  | V Unacquired Claims  |                                 |   |                                   |  |
|   |  |  |                                 |   |                                   |  |
| □ No. Yo  | editors have nonpriority unsect under the nothing to report in this part of the nothing to report in the nothi | art. Submit this form to the court with  | your other sche                 | edules.   |                                   |  |
| Yes.  |  |  |                                 |   |                                   |  |
| unsecured   | claim, list the creditor separately  | aims in the alphabetical order of th<br>y for each claim. For each claim listed<br>st the other creditors in Part 3.If you h   | , identify what t               | ype of claim it is. Do not list of                            | claims already inc                | luded in Part 1. If more                     |
|   |  |  |                                 |   |                                   | Total claim                                  |
| 4.1 <b>Am</b> c   | ca   | Last 4 digits of acc   | ount number                     | 7581  |                                   | \$375.00                                     |
| 2269  | riority Creditor's Name  9 S Saw Mill  | When was the debt  | incurred?                       | Opened 7/20/18  |                                   | -  |
| Numb  | sford, NY 10523  Der Street City State Zip Code  incurred the debt? Check one.   | As of the date you   | file, the claim i               | s: Check all that apply                                       |                                   |  |
| _   | ebtor 1 only   | ☐ Contingent   |                                 |   |                                   |  |
|   | ebtor 2 only   | ☐ Unliquidated   |                                 |   |                                   |  |
| _   | ebtor 1 and Debtor 2 only  | ☐ Disputed   |                                 |   |                                   |  |
| _   | least one of the debtors and and   | _ '  | ITY unsecured                   | l claim:  |                                   |  |
|   | heck if this claim is for a comm   | Па   |                                 |   |                                   |  |
| debt  | claim subject to offset?   |  | •                               | ration agreement or divorce                                   | that you did not                  |  |
| ■ No  | 0  | ☐ Debts to pension   | or profit-sharin                | g plans, and other similar de                                 | bts                               |  |
| □ Ye  | es   | Other. Specify   | Carecentrix                     | 1   |                                   |  |

| Debt | or 1 Nick Adam Stamper  | Document Page 2   | U 0T 48 Case number (if known)  |            |  |  |  |
|------|---|---|---|------------|--|--|--|
| 4.2  | Capital One Bank Usa N  | Last 4 digits of account number   | 6515  | \$1,763.00 |  |  |  |
|      | Nonpriority Creditor's Name Po Box 30281 Salt Lake City, UT 84130   | When was the debt incurred?   | Opened 06/14 Last Active 8/06/18  |            |  |  |  |
|      | Number Street City State Zip Code Who incurred the debt? Check one.   | As of the date you file, the claim  | As of the date you file, the claim is: Check all that apply                             |            |  |  |  |
|      | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans | d claim:  |            |  |  |  |
|      | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                          | $\square$ Obligations arising out of a separation agreement or divorce that you did not |            |  |  |  |
|      | ■ No  | Debts to pension or profit-sharin   |   |            |  |  |  |
|      | Yes   | Other. Specify Credit Card  |   |            |  |  |  |
| 4.3  | Chase Card  | Last 4 digits of account number   | 7023  | \$648.00   |  |  |  |
|      | Nonpriority Creditor's Name Po Box 15298 Wilmington, DE 19850   | When was the debt incurred?   | Opened 12/15 Last Active 8/05/18  |            |  |  |  |
|      | Number Street City State Zip Code Who incurred the debt? Check one.   | As of the date you file, the claim  | is: Check all that apply  |            |  |  |  |
|      | ■ Debtor 1 only   | ☐ Contingent  |   |            |  |  |  |
|      | Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |  |
|      | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |  |
|      | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured   |   |            |  |  |  |
|      | ☐ Check if this claim is for a community debt Is the claim subject to offset?   | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims          |   |            |  |  |  |
|      | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts  |            |  |  |  |
|      | Yes   | Other. Specify Credit Card  | <u> </u>  |            |  |  |  |
| 4.4  | Citicards Cbna  | Last 4 digits of account number   | 3394  | \$1,411.00 |  |  |  |
|      | Nonpriority Creditor's Name Po Box 6241 Sioux Falls, SD 57117   | When was the debt incurred?   | Opened 04/16 Last Active 8/05/18  |            |  |  |  |
|      | Number Street City State Zip Code Who incurred the debt? Check one.   | As of the date you file, the claim  | is: Check all that apply  |            |  |  |  |
|      | Debtor 1 only   | ☐ Contingent  |   |            |  |  |  |
|      | ☐ Debtor 2 only   | ☐ Unliquidated  |   |            |  |  |  |
|      | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |  |  |  |
|      | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:  |            |  |  |  |
|      | ☐ Check if this claim is for a community  | ☐ Student loans   |   |            |  |  |  |
|      | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                          | ration agreement or divorce that you did not  |            |  |  |  |

■ No

☐ Yes

■ Other. Specify Credit Card

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts Case 3:19-bk-30044 Doc 1 Filed 02/11/19 Entered 02/11/19 09:59:26 Desc Main Document Page 21 of 48 Case number (if known)

| Debioi | Nick Adam Stamper   |   | Case number (ii known)   |            |
|--------|---|---|--|------------|
| 4.5    | Comenitycb/myplacerwds  | Last 4 digits of account number   | 8546   | \$293.00   |
|        | Nonpriority Creditor's Name  Po Box 182120  Columbus, OH 43218  Number Street City State Zip Code | When was the debt incurred?  As of the date you file, the claim                 | Opened 08/17 Last Active 2/16/18   |            |
|        | Who incurred the debt? Check one.   | As of the date you me, the dam  | S. Oneok all that apply  |            |
|        | ■ Debtor 1 only   | ☐ Contingent  |  |            |
|        | Debtor 2 only   | ☐ Unliquidated  |  |            |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|        | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecure  | d claim:   |            |
|        | Check if this claim is for a community debt   |   | aration agreement or divorce that you did not  |            |
|        | Is the claim subject to offset?   | report as priority claims   |  |            |
|        | No  | Debts to pension or profit-sharin   |  |            |
|        | Yes   | Other. Specify Charge Acc   | count  |            |
| 4.6    | Discover Fin Svcs Llc Nonpriority Creditor's Name   | Last 4 digits of account number   | 9284   | \$3,594.00 |
|        | Pob 15316<br>Wilmington, DE 19850   | When was the debt incurred?   | Opened 09/15 Last Active 8/17/18   |            |
|        | Number Street City State Zip Code   | As of the date you file, the claim  | is: Check all that apply   |            |
|        | Who incurred the debt? Check one.   |   |  |            |
|        | ■ Debtor 1 only   | ☐ Contingent  |  |            |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |  |            |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure  | d claim:   |            |
|        | ☐ Check if this claim is for a community debt   | Student loans   | and the second s |            |
|        | Is the claim subject to offset?   | report as priority claims   | ration agreement or divorce that you did not   |            |
|        | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts   |            |
|        | Yes   | Other. Specify Credit Card  | <u> </u>   |            |
| 4.7    | Healthcare Financial S Nonpriority Creditor's Name  | Last 4 digits of account number   | 5513   | \$387.00   |
|        | 1204 Kanawha Blvd E<br>Charleston, WV 25301   | When was the debt incurred?   | Opened 11/17   |            |
|        | Number Street City State Zip Code   | As of the date you file, the claim  | is: Check all that apply   |            |
|        | Who incurred the debt? Check one.   |   |  |            |
|        | Debtor 1 only   | ☐ Contingent  |  |            |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |  |            |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure  | d claim:   |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?                     | ☐ Student loans ☐ Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not  |            |
|        | No  | Debts to pension or profit-sharir   | g plans, and other similar debts   |            |
|        | — NO  |   | Attorney Charleston Area Med   |            |
|        | Yes   | Other. Specify Cntr Cerne   |  |            |

Official Form 106 E/F

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| Debio | Nick Adam Stamper  |  | Case number (ii known)                        |          |
|-------|--|--|---|----------|
| 4.8   | Healthcare Financial S   | Last 4 digits of account number                            | 5439  | \$369.00 |
|       | Nonpriority Creditor's Name<br>1204 Kanawha Blvd E<br>Charleston, WV 25301                             | When was the debt incurred?                                | Opened 04/14                                  |          |
|       | Number Street City State Zip Code Who incurred the debt? Check one.                                    | As of the date you file, the claim                         | is: Check all that apply                      |          |
|       | Debtor 1 only  | ☐ Contingent   |   |          |
|       | Debtor 2 only  | ☐ Unliquidated   |   |          |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:                                      |          |
|       | ☐ Check if this claim is for a community   | ☐ Student loans  |   |          |
|       | debt<br>Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |
|       | ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |          |
|       | Yes  | Other. Specify Collection Cntr                             | Attorney Charleston Area Med                  |          |
| 4.9   | I C System Inc   | Last 4 digits of account number                            | 2324  | \$175.00 |
|       | Nonpriority Creditor's Name Po Box 64378 Saint Paul. MN 55164  | When was the debt incurred?                                | Opened 10/18                                  |          |
|       | Number Street City State Zip Code  Who incurred the debt? Check one.                                   | As of the date you file, the claim                         | is: Check all that apply                      |          |
|       | ■ Debtor 1 only  | ☐ Contingent   |   |          |
|       | Debtor 2 only  | ☐ Unliquidated   |   |          |
|       | Debtor 1 and Debtor 2 only   |  |   |          |
|       | ☐ At least one of the debtors and another  | d claim:   |   |          |
|       | ☐ Check if this claim is for a community   | ☐ Student loans  |   |          |
|       | debt<br>Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |
|       | ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |          |
|       | Yes  | ■ Other. Specify Collection Power                          | Attorney American Electric                    |          |
| 4.1   | Penn Credit  | Last 4 digits of account number                            | 0868  | \$111.98 |
|       | Nonpriority Creditor's Name<br>916 S. 14th St.   | When was the debt incurred?                                |   |          |
|       | P.O. Box 988 Harrisburg, PA 17108  Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |          |
|       | ■ Debtor 1 only  | ☐ Contingent   |   |          |
|       | Debtor 2 only  | ☐ Unliquidated   |   |          |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|       | At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:                                      |          |
|       | ☐ Check if this claim is for a community   | Student loans  |   |          |
|       | debt Is the claim subject to offset?   | _  | aration agreement or divorce that you did not |          |
|       | ■ No   | ☐ Debts to pension or profit-sharir                        | ng plans, and other similar debts             |          |
|       | ☐ Yes  | Other. Specify   |   |          |
|       |  | J Jp JJ  |   |          |

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Nick Adam Stamper Case number (if known)

| Debtor            | 1 Nick Adam Stamper  |   | Case nui              | mber (if kno   | wn)               |                 |                   |
|-------------------|--|---|-----------------------|----------------|-------------------|-----------------|-------------------|
| 4.1               | Diaman Fan   |   | 0004                  |                |                   |                 | ¢4.740.00         |
| 1                 | Pioneer Fcu  Nonpriority Creditor's Name   | Last 4 digits of account number   | 0001                  |                |                   |                 | \$4,742.00        |
|                   |  |   | Open                  | ed 5/21/       | 18 Last Act       | ive             |                   |
|                   | Pob 2524   | When was the debt incurred?   | 8/27/1                |                |                   |                 |                   |
|                   | Charleston, WV 25329  Number Street City State Zip Code  | As of the date you file, the claim  | ie: Chack             | all that anni  | V                 |                 |                   |
|                   | Who incurred the debt? Check one.  | As of the date you me, the claim  | is. Officer           | ali tilat appi | у                 |                 |                   |
|                   | ■ Debtor 1 only  | ☐ Contingent  |                       |                |                   |                 |                   |
|                   | Debtor 2 only  | ☐ Unliquidated  |                       |                |                   |                 |                   |
|                   | Debtor 1 and Debtor 2 only   | ☐ Disputed  |                       |                |                   |                 |                   |
|                   | _  | Type of NONPRIORITY unsecured   | d claim:              |                |                   |                 |                   |
|                   | At least one of the debtors and another  | ☐ Student loans   |                       |                |                   |                 |                   |
|                   | ☐ Check if this claim is for a community debt  | ☐ Obligations arising out of a sepa   | ration agr            | eement or o    | livorce that you  | did not         |                   |
|                   | Is the claim subject to offset?  | report as priority claims   | iration agr           | eement or c    | iivorce mat you   | did flot        |                   |
|                   | ■ No   | ☐ Debts to pension or profit-sharin   | ıg plans, a           | and other sin  | nilar debts       |                 |                   |
|                   | ☐ Yes  | Other. Specify Credit Card  | ł                     |                |                   |                 |                   |
| 4.1               | Town of Belle  | l d d dimits of   |                       |                |                   |                 | Unknown           |
| 2                 | Nonpriority Creditor's Name  | Last 4 digits of account number   | -                     |                |                   |                 | Olikilowii        |
|                   | Municipal Fees   | When was the debt incurred?   |                       |                |                   |                 |                   |
|                   | 1100 E. Dupont Ave.  |   |                       |                |                   |                 |                   |
|                   | Belle, WV 25015  Number Street City State Zip Code   | As of the date you file, the claim  | is: Chack             | all that anni  | v                 |                 |                   |
|                   | Who incurred the debt? Check one.  | As of the date you me, the slamin   | is. Officer           | ali tilat appi | у                 |                 |                   |
|                   | ■ Debtor 1 only  | ☐ Contingent  |                       |                |                   |                 |                   |
|                   | Debtor 2 only  | ☐ Unliquidated  |                       |                |                   |                 |                   |
|                   |  | _ '   |                       |                |                   |                 |                   |
|                   | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured   | d claim:              |                |                   |                 |                   |
|                   | At least one of the debtors and another  | Student loans   | a ciaiii.             |                |                   |                 |                   |
|                   | ☐ Check if this claim is for a community debt  | ☐ Obligations arising out of a sepa   | ration agr            | eement or o    | livorce that you  | did not         |                   |
|                   | Is the claim subject to offset?  | report as priority claims   | iration agr           | eement or c    | iivorce mat you   | did flot        |                   |
|                   | No   | Debts to pension or profit-sharing  | ıg plans, a           | and other sin  | nilar debts       |                 |                   |
|                   | ☐ Yes  | Other. Specify  |                       |                |                   |                 |                   |
|                   |  |   |                       |                |                   |                 |                   |
| Part 3:           | List Others to Be Notified About a Deb   | t That You Already Listed   |                       |                |                   |                 |                   |
| is tryi<br>have ı | his page only if you have others to be notified at<br>ng to collect from you for a debt you owe to sor<br>more than one creditor for any of the debts that<br>ed for any debts in Parts 1 or 2, do not fill out or | neone else, list the original creditor in you listed in Parts 1 or 2, list the addi | Parts 1 c             | or 2, then lis | st the collection | n agency here.  | Similarly, if you |
|                   |  | On which entry in Part 1 or Part 2 did you  | _                     | •              |                   |                 |                   |
| PO BO             | DX 1235  |   |                       |                | h Priority Unsec  |                 |                   |
|                   | ord, NY 10523  | ast 4 digits of account number  | Part 2: C             | creditors with | n Nonpriority Un  | nsecured Claims |                   |
| Name a            | nd Address C   | On which entry in Part 1 or Part 2 did you  | list the or           | iginal credite | or?               |                 |                   |
|                   |  | ·   |                       | •              | h Priority Unsec  | ured Claims     |                   |
|                   | ennsylvania Ave.   | •   | Part 2: C             | Creditors with | h Nonpriority Un  | secured Claims  | j                 |
| Cnarie            | eston, WV 25302  | ast 4 digits of account number  |                       |                |                   |                 |                   |
| Part 4:           | Add the Amounts for Each Type of Un  | secured Claim   |                       |                |                   |                 |                   |
|                   | the amounts of certain types of unsecured clair<br>of unsecured claim.   | ns. This information is for statistical r   | eporting <sub>l</sub> | purposes o     | nly. 28 U.S.C. §  | §159. Add the a | mounts for each   |
|                   |  |   |                       |                | Total Claim       |                 |                   |
| -                 | 6a. Domestic support obligations  Total  |   | 6a.                   | \$             |                   | 0.00            |                   |

claims

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| ebtor 1 Nick    | K Adai | n Stamper  | Case no | umber (if | known)      |
|-----------------|--------|--|---------|-----------|-------------|
| from Part 1     | 6b.    | Taxes and certain other debts you owe the government   | 6b.     | \$        | 0.00        |
|                 | 6c.    | Claims for death or personal injury while you were intoxicated   | 6c.     | \$        | 0.00        |
|                 | 6d.    | Other. Add all other priority unsecured claims. Write that amount here.                                  | 6d.     | \$        | 0.00        |
|                 | 6e.    | Total Priority. Add lines 6a through 6d.   | 6e.     | \$        | 0.00        |
|                 |        |  |         |           | Total Claim |
| otal            | 6f.    | Student loans  | 6f.     | \$        | 0.00        |
| laims<br>Part 2 | 6g.    | Obligations arising out of a separation agreement or divorce that  | 6g.     | \$        | 0.00        |
|                 | 6h.    | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts | 6h.     | \$        | 0.00        |
|                 | 6i.    | Other. Add all other nonpriority unsecured claims. Write that amount here.                               | 6i.     | \$        | 13,868.98   |
|                 | 6j.    | Total Nonpriority. Add lines 6f through 6i.  | 6j.     | \$        | 13,868.98   |

|                     |                          | Dodaine           | T 44C 2C C1 +C   |  |
|---------------------|--------------------------|-------------------|------------------|--|
| Fill in this infor  | rmation to identify your | case:             |                  |  |
| Debtor 1            | Nick Adam Stam           | per               |                  |  |
|                     | First Name               | Middle Name       | Last Name        |  |
| Debtor 2            |                          |                   |                  |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |  |
| United States B     | ankruptcy Court for the: | SOUTHERN DISTRICT | OF WEST VIRGINIA |  |
| Case number         |                          |                   |                  |  |
| (if known)          |                          |                   |                  |  |
|                     |                          |                   |                  |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | Company with<br>Name, Number | whom you have the street, City, State and ZIF | e contract or lease<br>Code | State what the contract or lease is for |
|-----|-----------|------------------------------|---|-----------------------------|---|
| 2.1 |           |                              |   |                             |   |
|     | Name      |                              |   |                             |   |
|     | Number    | Street                       |   |                             | _                                       |
|     | City      |                              | State   | ZIP Code                    | <u> </u>                                |
| 2.2 |           |                              |   |                             |   |
|     | Name      |                              |   |                             |   |
|     | Number    | Street                       |   |                             | _                                       |
|     | City      |                              | State   | ZIP Code                    | _                                       |
| 2.3 |           |                              |   |                             |   |
|     | Name      |                              |   |                             |   |
|     | Number    | Street                       |   |                             | <u> </u>                                |
|     | City      |                              | State   | ZIP Code                    | <u> </u>                                |
| 2.4 |           |                              |   |                             |   |
|     | Name      |                              |   |                             |   |
|     | Number    | Street                       |   |                             | _                                       |
|     | City      |                              | State   | ZIP Code                    | _                                       |
| 2.5 | -         |                              |   |                             |   |
|     | Name      |                              |   |                             |   |
|     | Number    | Street                       |   |                             | <u></u>                                 |
|     | City      |                              | State   | ZIP Code                    | _                                       |

|                            |   | Docume  | ent Page 26 d                              | of 48  |                                 |
|----------------------------|---|---|--|--|---------------------------------|
| Fill in thi                | s information to identify your  | case:   |  |  |                                 |
| Debtor 1                   | Nick Adam Stam  | nor.  |  |  |                                 |
| Debior 1                   | Nick Adam Stam First Name   | Middle Name   | Last Name                                  |  |                                 |
| Debtor 2                   |   |   |  |  |                                 |
| (Spouse if, fi             | ling) First Name  | Middle Name   | Last Name                                  |  |                                 |
| United St                  | ates Bankruptcy Court for the:  | SOUTHERN DISTRICT                                       | OF WEST VIRGINIA                           |  |                                 |
|                            | , ,   |   |  |  |                                 |
| Case nun                   | nber  |   |  |  |                                 |
| (if known)                 |   |   |  |  | ☐ Check if this is an           |
|                            |   |   |  |  | amended filing                  |
| Officia                    | al Form 106H  |   |  |  |                                 |
|                            |   |   |  |  |                                 |
| Sche                       | dule H: Your Cod  | lebtors   |  |  | 12/15                           |
| our name                   | and number the entries in the e and case number (if known you have any codebtors? (If   | ). Answer every question                                |  |  | ny Additional Pages, Write      |
| ■ No                       |   |   |  |  |                                 |
| Arizo                      | thin the last 8 years, have yo na, California, Idaho, Louisiana   | , Nevada, New Mexico, Pu                                | erto Rico, Texas, Wash                     |  | es and territories include      |
| 3. In Co<br>in lin<br>Form | es. Did your spouse, former spo<br>plumn 1, list all of your codeb<br>e 2 again as a codebtor only<br>n 106D), Schedule E/F (Officia<br>Column 2. | tors. Do not include your<br>if that person is a guaran | spouse as a codebtor tor or cosigner. Make | sure you have listed the cre                       | ditor on Schedule D (Official   |
|                            | Column 1: Your codebtor Name, Number, Street, City, State and 2   | IIP Code  |  | Column 2: The creditor<br>Check all schedules that | to whom you owe the debt apply: |
| 24                         |   |   |  | Cohodula D. Bas                                    |                                 |
| 3.1                        | Name  |   |  | Schedule D, line                                   |                                 |
|                            |   |   |  | ☐ Schedule E/F, line☐ Schedule G, line☐            |                                 |
|                            |   |   |  | □ Schedule G, line                                 |                                 |
|                            | Number Street   |   |  | _  |                                 |
|                            | City  | State   | ZIP Code                                   |  |                                 |
|                            |   |   |  |  |                                 |
| 3.2                        |   |   |  | _ Schedule D, line _                               |                                 |
|                            | Name  |   |  | ☐ Schedule E/F, line                               |                                 |
|                            |   |   |  | ☐ Schedule G, line                                 |                                 |
|                            | Number Street   |   |  | _  |                                 |
|                            | City  | State   | ZIP Code                                   |  |                                 |

## Case 3:19-bk-30044 Doc 1 Filed 02/11/19 Entered 02/11/19 09:59:26 Desc Main Document Page 27 of 48

| E-211                                 | :- Ab :- :- f  |   |                          |                              |                       |                 |   |  |  |
|---------------------------------------|--|---|--------------------------|------------------------------|-----------------------|-----------------|---|--|--|
|                                       | in this information to identify your btor 1 Nick Adam  |   |                          |                              |                       |                 |   |  |  |
|                                       | btor 2<br>buse, if filing)   |   |                          |                              |                       | <del></del>     |   |  |  |
| Uni                                   | ited States Bankruptcy Court for th  | e: SOUTHERN DISTRIC   | CT OF WE                 | ST VIRGIN                    | IA                    |                 |   |  |  |
| O<br>Se<br>Be a<br>sup<br>spo<br>atta | fficial Form 1061  chedule I: Your Incomplete and accurate as posplying correct information. If you use. If you are separated and your asseparate sheet to this form | ssible. If two married pec<br>u are married and not fili<br>ur spouse is not filing w<br>. On the top of any additi | ng jointly<br>ith you, d | , and your s<br>to not inclu | spouse i<br>de infori | is liv<br>matio | 13 income  MM / DD/ \( \)  and Debtor 2), boing with you, including about your specific properties. | ed filing ent showing as of the fo  YYYY  oth are equ ude inforn ouse. If mo | nation about your ore space is needed, |
| <b>Pa</b> r<br>1.                     | rt 1: Describe Employment  Fill in your employment   | <u> </u>  |                          |                              |                       |                 |   |  |  |
| ••                                    | information.   |   | Debtoi                   | 1                            |                       |                 | Debtor 2  | 2 or non-fi  | ling spouse                            |
|                                       | If you have more than one job, attach a separate page with information about additional  | Employment status   | ■ Emp                    | oloyed<br>employed           |                       |                 | ☐ Empl<br>☐ Not e   | oyed<br>mployed  |  |
|                                       | employers.   | Occupation  | ASA I                    |                              |                       |                 |   |  |  |
|                                       | Include part-time, seasonal, or self-employed work.  | Employer's name   | WVDI                     | IHR                          |                       |                 |   |  |  |
|                                       | Occupation may include student or homemaker, if it applies.  | Employer's address  |                          | is Square<br>eston, WV       | 25301                 |                 |   |  |  |
|                                       |  | How long employed t   | here?                    | 3 years                      |                       |                 |   |  |  |
| Pai                                   | t 2: Give Details About Mo   | onthly Income   |                          |                              |                       |                 |   |  |  |
|                                       | mate monthly income as of the cuse unless you are separated.   | date you file this form. If   | you have                 | nothing to re                | eport for             | any I           | ine, write \$0 in the   | space. Inc   | clude your non-filing                  |
|                                       | ou or your non-filing spouse have n<br>e space, attach a separate sheet to   |   | ombine th                | e informatio                 | n for all e           | emplo           | yers for that perso   | on on the lir  | nes below. If you need                 |
|                                       |  |   |                          |                              |                       |                 | For Debtor 1  |  | otor 2 or<br>ng spouse                 |
| 2.                                    | List monthly gross wages, sal deductions). If not paid monthly   |   |                          |                              | 2.                    | \$              | 3,016.00  | \$   | N/A                                    |
| 3.                                    | Estimate and list monthly over   | time pay.   |                          |                              | 3.                    | +\$             | 0.00  | +\$  | N/A                                    |

3,016.00

N/A

Calculate gross Income. Add line 2 + line 3.

| Deb | tor 1                       | Nick Adam Stamper  |              |                      | Case         | number (if kno       | wn)  |                           |                  |                                 |                  |
|-----|-----------------------------|--|--------------|----------------------|--------------|----------------------|--|---------------------------|------------------|---------------------------------|------------------|
|     |                             |  |              |                      |              | r Debtor 1           |  | non-f                     | ebtor<br>iling s | pouse                           |                  |
|     | Cop                         | y line 4 here  | 4.           |                      | \$_          | 3,016.               | 00   | \$                        |                  | N/A                             | <u>-</u>         |
| 5.  | List                        | all payroll deductions:  |              |                      |              |                      |  |                           |                  |                                 |                  |
|     | 5a.<br>5b.                  | Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans  |              | o.                   | \$_<br>\$_   |                      | 00   | \$                        |                  | N/A<br>N/A                      | _                |
|     | 5c.<br>5d.                  | Voluntary contributions for retirement plans Required repayments of retirement fund loans  | 50<br>50     | d.                   | \$<br>_<br>_ |                      | 00   | \$<br>\$                  |                  | N/A<br>N/A                      | <u> </u>         |
|     | 5e.<br>5f.                  | Insurance<br>Domestic support obligations  | 56<br>5f     | f.                   | \$_<br>\$_   | 149.<br>0.           | 74<br>00                                     | \$<br>\$                  |                  | N/A<br>N/A                      | <u> </u>         |
|     | 5g.<br>5h.                  | Union dues Other deductions. Specify:  | 50<br>_ 5h   | g.<br>h.+            | \$_<br>      |                      | 00<br>00                                     | + \$                      |                  | N/A<br>N/A                      | _                |
| 6.  | Add                         | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.           |                      | \$_          | 684.                 | 02   | \$                        |                  | N/A                             | <u>_</u>         |
| 7.  | Cal                         | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.           |                      | \$_          | 2,331.               | 98   | \$                        |                  | N/A                             | <u>.</u>         |
| 8.  | 8b. 8c. 8d. 8e. 8f. 8g. 8h. | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify: | _ 8f<br>_ 8g | o.<br>c.<br>d.<br>e. | \$           | 0.<br>0.<br>0.<br>0. | 00<br>00<br>00<br>00<br>00<br>00<br>00<br>00 | \$<br>\$<br>\$ \$<br>+ \$ |                  | N/A<br>N/A<br>N/A<br>N/A<br>N/A |                  |
| 9.  | Add                         | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.           | . [                  | \$           | 0.                   | 00   | \$                        |                  | N/                              | A                |
| 10. |                             | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.          | \$_                  |              | 2,331.98             | \$   |                           | N/A              | = \$ _                          | 2,331.98         |
| 11. | Inclu<br>othe               | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:   | dep          |                      |              |                      |  | •                         | hedule<br>11.    |                                 | 0.00             |
| 12. |                             | the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain ies   |              |                      |              |                      |  |                           | 12.              | \$                              | 2,331.98         |
| 13. | Do y                        | ou expect an increase or decrease within the year after you file this form? No.  | ?            |                      |              |                      |  |                           |                  | Combi<br>month                  | ned<br>ly income |
|     |                             | Voc Evoloin:   |              |                      |              |                      |  |                           |                  |                                 |                  |

Official Form 106I Schedule I: Your Income page 2

|       |   |   |                                     |  |  | 1               |  |                               |
|-------|---|---|-------------------------------------|--|--|-----------------|--|-------------------------------|
|       | n this informa                                  | tion to identify yo                                   | our case:                           |  |  |                 |  |                               |
| Debt  | tor 1   | Nick Adam S   | Stamper                             |  |  |                 | k if this is:                          |                               |
| Debt  | tor 2   |   |                                     |  |  |                 | An amended filing<br>A supplement show | ving postpetition chapter     |
| 1     | ouse, if filing)                                |   |                                     |  |  | _               |  | the following date:           |
| Unite | ed States Bankr                                 | ruptcy Court for the                                  | SOUTH                               | HERN DISTRICT OF WES   | T VIRGINIA                             | -               | MM / DD / YYYY                         |                               |
|       | e number<br>nown)                               |   |                                     |  |  |                 |  |                               |
| Of    | ficial Fo                                       | rm 106J   |                                     |  |  | -               |  |                               |
|       |   | J: Your I   | Exper                               | ises   |  |                 |  | 12/15                         |
| Be a  | as complete a<br>rmation. If m<br>nber (if know | and accurate as                                       | possible<br>eded, atta<br>y questio | . If two married people and the contract is the contract that and the contract is the contract in the contract in the contract in the contract is the contract in the contract |  |                 |  |                               |
| 1 and | Is this a joir                                  |   | iloiu                               |  |  |                 |  |                               |
|       | ■ No. Go to                                     |   | n a separ                           | ate household?   |  |                 |  |                               |
|       | □и  | 0   | -                                   | ial Form 106J-2, <i>Expense</i> s  | s for Separate House                   | ehold of Debt   | or 2.                                  |                               |
| 2.    | Do you have                                     | e dependents?   | □ No                                |  |  |                 |  |                               |
|       | Do not list D<br>Debtor 2.                      |   | Yes.                                | Fill out this information for each dependent   | Dependent's relat<br>Debtor 1 or Debto |                 | Dependent's age                        | Does dependent live with you? |
|       | Do not state                                    | the   |                                     |  |  |                 |  | □ No                          |
|       | dependents                                      | names.  |                                     |  | daughter                               |                 |  | Yes                           |
|       |   |   |                                     |  |  |                 |  | □ No<br>□ Yes                 |
|       |   |   |                                     |  |  |                 |  | □ res                         |
|       |   |   |                                     |  |  |                 |  | ☐ Yes                         |
|       |   |   |                                     |  |  |                 |  | □ No                          |
| _     | _   |   |                                     |  |  |                 | · <del></del>                          | ☐ Yes                         |
| 3.    | expenses o                                      | penses include<br>f people other tl<br>d your depende | han <sub>—</sub>                    | No<br>Yes  |  |                 |  |                               |
| exp   | imate your ex                                   |   | our bankr                           | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp   |  |                 |  |                               |
| the   |   | h assistance and                                      |                                     | government assistance i<br>cluded it on <i>Schedule I:</i> Y   |  |                 | Your exp                               | enses                         |
| 4.    |   | or home owners  |                                     | uses for your residence. I<br>or lot.  | nclude first mortgag                   | e<br>4. \$      |  | 550.00                        |
|       | If not includ                                   | led in line 4:  |                                     |  |  |                 |  |                               |
|       | 4a. Real e                                      | estate taxes  |                                     |  |  | 4a. \$          |  | 0.00                          |
|       |   | rty, homeowner's                                      | s, or renter                        | 's insurance   |  | 4b. \$          |  | 0.00                          |
|       |   |   |                                     | upkeep expenses  |  | 4c. \$          |  | 0.00                          |
| _     |   | owner's associat                                      |                                     | dominium dues<br>our residence, such as ho   | mo oquity loops                        | 4d. \$<br>5. \$ |  | 0.00                          |
|       | ACCUMONAL                                       | norroage payme  | tor V                               | our residence, such as no  | me equity loans                        | . c             |  | () ()()                       |

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| Deb | otor 1 N  | lick Adam Stamper  | Case num     | nber (if known)    |                            |
|-----|-----------|--|--------------|--------------------|----------------------------|
| 6.  | Utilities | s:   |              |                    |                            |
| ٥.  |           | Electricity, heat, natural gas   | 6a.          | \$                 | 100.00                     |
|     | 6b. W     | Vater, sewer, garbage collection   | 6b.          | \$                 | 60.00                      |
|     |           | elephone, cell phone, Internet, satellite, and cable services                                | 6c.          | \$                 | 260.00                     |
|     |           | Other. Specify:  | 6d.          | ·                  | 0.00                       |
| 7.  |           | nd housekeeping supplies   | — 7.         |                    | 400.00                     |
| 8.  |           | are and children's education costs   | 8.           | · -                | 300.00                     |
| 9.  |           | ng, laundry, and dry cleaning  | 9.           |                    |                            |
|     |           | ial care products and services   | 10.          | ·                  | 150.00                     |
|     |           | •  |              | · -                | 100.00                     |
|     |           | Il and dental expenses   | 11.          | \$                 | 100.00                     |
| 12. |           | ortation. Include gas, maintenance, bus or train fare. include car payments.                 | 12.          | \$                 | 200.00                     |
| 13  |           | ninude car payments.<br>ninment, clubs, recreation, newspapers, magazines, and books         | 13.          | ·                  | 50.00                      |
| 14. |           | able contributions and religious donations   | 14.          | ·                  | 0.00                       |
|     | Insuran   |  | 14.          | Ψ                  | 0.00                       |
| 15. |           | include insurance deducted from your pay or included in lines 4 or 20.                       |              |                    |                            |
|     |           | ife insurance  | 15a.         | \$                 | 0.00                       |
|     |           | Health insurance   | 15a.<br>15b. | ·                  | 0.00                       |
|     |           |  |              | ·                  |                            |
|     |           | /ehicle insurance  | 15c.         | · · ·              | 40.00                      |
|     |           | Other insurance. Specify:  | 15d.         | \$                 | 0.00                       |
| 16. |           | Do not include taxes deducted from your pay or included in lines 4 or 20.                    | 16           | ¢                  | 45.00                      |
| 4-  |           | Personal Property per month  | 16.          | <b>&gt;</b>        | 15.00                      |
| 17. |           | nent or lease payments:  | 170          | ¢                  | 0.00                       |
|     |           | Car payments for Vehicle 1   | 17a.         | ·                  | 0.00                       |
|     |           | Car payments for Vehicle 2   | 17b.         | ·                  | 0.00                       |
|     |           | Other. Specify:  | 17c.         | ·                  | 0.00                       |
|     |           | Other. Specify:  | 17d.         | \$                 | 0.00                       |
| 18. |           | ayments of alimony, maintenance, and support that you did not report as                      | 40           | <b>c</b>           | 0.00                       |
| 40  |           | ed from your pay on line 5, Schedule I, Your Income (Official Form 106l).                    | 18.          |                    |                            |
| 19. | •         | payments you make to support others who do not live with you.                                |              | \$                 | 0.00                       |
|     | Specify:  |  | 19.          |                    |                            |
| 20. |           | eal property expenses not included in lines 4 or 5 of this form or on Sche                   |              |                    | 0.00                       |
|     |           | Mortgages on other property  | 20a.         | ·                  | 0.00                       |
|     |           | Real estate taxes  | 20b.         | · · ·              | 0.00                       |
|     |           | Property, homeowner's, or renter's insurance   | 20c.         | ·                  | 0.00                       |
|     | 20d. M    | Maintenance, repair, and upkeep expenses   | 20d.         | \$                 | 0.00                       |
|     | 20e. H    | lomeowner's association or condominium dues  | 20e.         |                    | 0.00                       |
| 21. | Other: S  | Specify: pet supplies/vet/food   | 21.          | +\$                | 10.00                      |
|     |           | l activities   |              | +\$                | 40.00                      |
|     |           |  |              |                    |                            |
| 22. |           | ate your monthly expenses  |              | _                  | _                          |
|     |           | ld lines 4 through 21.   |              | \$                 | 2,375.00                   |
|     | 22b. Co   | opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2               |              | \$                 |                            |
|     | 22c. Add  | ld line 22a and 22b. The result is your monthly expenses.                                    |              | \$                 | 2,375.00                   |
| 23. | Calcula   | ate your monthly net income.   |              |                    |                            |
|     |           | Copy line 12 (your combined monthly income) from Schedule I.                                 | 23a.         | \$                 | 2,331.98                   |
|     |           | Copy your monthly expenses from line 22c above.  | 23b.         | · ·                | 2,375.00                   |
|     | _00. 0    | , 100  | 200.         | <b>*</b>           | 2,010.00                   |
|     | 23c. S    | Subtract your monthly expenses from your monthly income.                                     |              |                    |                            |
|     |           | The result is your monthly net income.   | 23c.         | \$                 | -43.02                     |
|     |           |  |              |                    |                            |
| 24. |           | expect an increase or decrease in your expenses within the year after yo                     |              |                    |                            |
|     |           | nple, do you expect to finish paying for your car loan within the year or do you expect your | mortgage     | payment to increas | e or decrease because of a |
|     | _         | tion to the terms of your mortgage?  |              |                    |                            |
|     | No.       |  |              |                    |                            |
|     | ☐ Yes.    | Explain here:  |              |                    |                            |

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| Fill in this infor                 | rmation to identify your                           | case:                    |                              |                           |  |
|------------------------------------|--|--------------------------|------------------------------|---------------------------|--|
| Debtor 1                           | Nick Adam Stamp                                    |                          |                              |                           |  |
| Debior 1                           | First Name   | Middle Name              | Last Name                    |                           |  |
| Debtor 2                           |  |                          |                              |                           |  |
| (Spouse if, filing)                | First Name   | Middle Name              | Last Name                    |                           |  |
| United States Ba                   | ankruptcy Court for the:                           | SOUTHERN DISTRICT        | OF WEST VIRGINIA             |                           |  |
| Case number                        |  |                          |                              |                           |  |
| (if known)                         |  |                          |                              |                           | ☐ Check if this is an amended filing                               |
| You must file th<br>obtaining mone | is form whenever you fi                            | le bankruptcy schedules  |                              | Making a false stateme    | nt, concealing property, or<br>r imprisonment for up to 20         |
| Sig                                | gn Below   |                          |                              |                           |  |
| Did you pa                         | ay or agree to pay some                            | one who is NOT an atto   | rney to help you fill out ba | ankruptcy forms?          |  |
| ■ No                               |  |                          |                              |                           |  |
| ☐ Yes.                             | Name of person                                     |                          |                              |                           | tcy Petition Preparer's Notice,<br>d Signature (Official Form 119) |
|                                    | alty of perjury, I declare<br>re true and correct. | that I have read the sum | nmary and schedules filed    | d with this declaration a | nd   |
| X /s/ Nic                          | k Adam Stamper                                     |                          | X                            |                           |  |
|                                    | Adam Stamper                                       |                          | Signature of D               | Debtor 2                  |  |
| Signatu                            | ure of Debtor 1                                    |                          |                              |                           |  |
| Date                               | February 11, 2019                                  |                          | Date                         |                           |  |

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| Fil               | l in this inforn                | nation to identify you  | r case:  |                                    |                        |                                    |  |  |  |  |  |
|-------------------|---------------------------------|---|--|------------------------------------|------------------------|------------------------------------|--|--|--|--|--|
| De                | btor 1                          | Nick Adam Stan  | •  |                                    |                        |                                    |  |  |  |  |  |
| De                | btor 2                          | First Name  | Middle Name  | Last Name                          |                        |                                    |  |  |  |  |  |
| 1 -               | ouse if, filing)                | First Name  | Middle Name  | Last Name                          |                        |                                    |  |  |  |  |  |
| Un                | ited States Bar                 | nkruptcy Court for the:   | SOUTHERN DISTRICT C  | OF WEST VIRGINIA                   |                        |                                    |  |  |  |  |  |
| Ca                | se number                       |   |  |                                    |                        |                                    |  |  |  |  |  |
|                   | nown)                           |   |  |                                    |                        | Check if this is an                |  |  |  |  |  |
|                   |                                 |   |  |                                    |                        | amended filing                     |  |  |  |  |  |
| ~                 | · · · · · · · · · · · · · · · · | 4.07  |  |                                    |                        |                                    |  |  |  |  |  |
|                   | ficial Fo                       |   | Accelus con localisate   | larata Ellina Can B                |                        |                                    |  |  |  |  |  |
|                   |                                 |   | Affairs for Individ  |                                    |                        | 4/10                               |  |  |  |  |  |
|                   |                                 |   | ble. If two married people a attach a separate sheet to  |                                    |                        |                                    |  |  |  |  |  |
|                   |                                 | n). Answer every que  |  |                                    | , pg, ,                |                                    |  |  |  |  |  |
| Pa                | rt 1: Give D                    | Details About Your Ma   | rital Status and Where You   | Lived Before                       |                        |                                    |  |  |  |  |  |
| 1.                | What is you                     | r current marital statu   | ıs?  |                                    |                        |                                    |  |  |  |  |  |
|                   | ☐ Married                       |   |  |                                    |                        |                                    |  |  |  |  |  |
|                   | ■ Not mar                       | ried  |  |                                    |                        |                                    |  |  |  |  |  |
| 2.                | During the I                    | During the last 3 years, have you lived anywhere other than where you live now? |  |                                    |                        |                                    |  |  |  |  |  |
| ۷.                | _                               | ast 3 years, have you   | iived arrywriere other than  | where you live now :               |                        |                                    |  |  |  |  |  |
|                   | □ No                            |   |  |                                    |                        |                                    |  |  |  |  |  |
|                   | ■ Yes. Lis                      | it all of the places you l  | ived in the last 3 years. Do no  | ot include where you live nov      | <i>1</i> .             |                                    |  |  |  |  |  |
|                   | Debtor 1 Pr                     | ior Address:  | Dates Debtor 1<br>lived there  | Debtor 2 Prior Ac                  | dress:                 | Dates Debtor 2<br>lived there      |  |  |  |  |  |
|                   | 147 W. Re                       | ynolds Ave.   | From-To:   | ☐ Same as Debtor                   | I                      | ☐ Same as Debtor 1                 |  |  |  |  |  |
|                   | Belle, WV                       | 25015   | 11/18 to 2/19  |                                    |                        | From-To:                           |  |  |  |  |  |
| <b>3.</b><br>stat | es and territori                | es include Arizona, Ca  | ver live with a spouse or leg<br>lifornia, Idaho, Louisiana, Nev<br>nedule H: Your Codebtors (Of | vada, New Mexico, Puerto R         |                        |                                    |  |  |  |  |  |
| Pa                | rt 2 Explai                     | n the Sources of You  | r Income   |                                    |                        |                                    |  |  |  |  |  |
| 4.                | Fill in the tota                | al amount of income yo  | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive     | all businesses, including part     | time activities.       | endar years?                       |  |  |  |  |  |
|                   | Yes. Fill                       | in the details.   |  |                                    |                        |                                    |  |  |  |  |  |
|                   |                                 |   | Debtor 1   |                                    | Debtor 2               |                                    |  |  |  |  |  |
|                   |                                 |   | Sources of income  | Gross income                       | Sources of income      | Gross income                       |  |  |  |  |  |
|                   |                                 |   | Check all that apply.  | (before deductions and exclusions) | Check all that apply.  | (before deductions and exclusions) |  |  |  |  |  |
| Fre               | om Januarv 1                    | of current year until   | Wogoo commissions  | \$2,784.00                         | ☐ Wages, commissions,  | ,                                  |  |  |  |  |  |
|                   |                                 | d for bankruptcy:   | Wages, commissions, bonuses, tips  | <del>+</del> -,. ••                | bonuses, tips          |                                    |  |  |  |  |  |
|                   |                                 |   | ☐ Operating a business   |                                    | ☐ Operating a business |                                    |  |  |  |  |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Case 3:19-bk-30044 Doc 1 Filed 02/11/19 Entered 02/11/19 09:59:26 Desc Main Page 33 of 48 Document Debtor 1 Nick Adam Stamper Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$34,987.00 □ Wages, commissions, Wages, commissions, (January 1 to December 31, 2018) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$30,775.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** each source (before deductions Describe below. Describe below. (before deductions and and exclusions) exclusions) For last calendar year: Lawsuit settlement \$485.00 (January 1 to December 31, 2018) proceeds Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?  $\square$  No. ☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

**Creditor's Name and Address** Dates of payment **Total amount** Amount you Was this payment for ... still owe paid

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Case number (if known) Document

Debtor 1 Nick Adam Stamper

| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No  Yes. List all payments to an insider. |                            |                      |                      |                         |  |  |  |  |
|-----|---|----------------------------|----------------------|----------------------|-------------------------|--|--|--|--|
|     | ☐ Yes. List all payments to an insider.   |                            |                      |                      |                         |  |  |  |  |
|     | Insider's Name and Address  | Dates of payment           | Total amount paid    | Amount you still owe | Reason for              | this payment                                 |  |  |  |
| 8.  | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos  No  |                            | ments or transfer a  | any property on a    | ccount of a d           | ebt that benefited an                        |  |  |  |
|     | ☐ Yes. List all payments to an insider  |                            |                      |                      |                         |  |  |  |  |
|     | Insider's Name and Address  | Dates of payment           | Total amount paid    | Amount you still owe | Reason for Include cred | this payment<br>litor's name                 |  |  |  |
| Par | t 4: Identify Legal Actions, Repossession   | ns. and Foreclosures       |                      |                      |                         |  |  |  |  |
| 9.  | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  Case title   |                            |                      |                      |                         | t or custody                                 |  |  |  |
|     | Case number   | Nature of the case         | Court or agency      |                      | Status of th            | ic case                                      |  |  |  |
| 10. | Within 1 year before you filed for bankrupte. Check all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address   |                            |                      | oreclosed, garnis    | shed, attached          | d, seized, or levied?  Value of the property |  |  |  |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No  Yes. Fill in the details.  |                            | luding a bank or fir | nancial institutior  | n, set off any a        | amounts from your                            |  |  |  |
|     | Creditor Name and Address   | Describe the action the    | creditor took        |                      | action was              | Amount                                       |  |  |  |
| 12. | Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a  ■ No □ Yes  |                            | erty in the possess  | taker                |                         | efit of creditors, a                         |  |  |  |
| Par | t 5: List Certain Gifts and Contributions   |                            |                      |                      |                         | _  |  |  |  |
| 13. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift.  | tcy, did you give any gift | s with a total value | of more than \$60    | 0 per person            | ?  |  |  |  |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts         |                      | Date:<br>the g       | s you gave<br>ifts      | Value  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:   |                            |                      |                      |                         |  |  |  |  |

Case 3:19-bk-30044 Doc 1 Filed 02/11/19 Entered 02/11/19 09:59:26 Desc Main Page 35 of 48 Document Case number (if known) Debtor 1 Nick Adam Stamper 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of **Address** transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Access Counseling, Inc. credit counseling 12/28/18 \$8.95 633 W 5th St. Suite 26001 Los Angeles, CA 90071 Klein and Sheridan LC **Attorney Fees** 1/25/19 \$995.00 3566 Teays Valley Road Hurricane, WV 25526 bankruptcy@kswvlaw.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid **Address** 

Description and value of any property transferred

Date payment or transfer was made

Amount of payment Case 3:19-bk-30044 Doc 1 Filed 02/11/19 Entered 02/11/19 09:59:26 Desc Main Page 36 of 48 Case number (if known) Document

Debtor 1 Nick Adam Stamper

| 18. | 3. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  ■ No  ■ Yes Fill in the details |  |                  |              |  |   |  |  |  |  |
|-----|---|--|------------------|--------------|--|---|--|--|--|--|
|     | Yes. Fill in the details.  Person Who Received Transfer   | Description and va   |                  |              | be any property or                                   | Date transfer was                             |  |  |  |  |
|     | Address  Person's relationship to you   | property transferred   |                  |              | ents received or debts<br>n exchange                 | made  |  |  |  |  |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect  |  | y property to a  | self-settled | d trust or similar device of                         | of which you are a                            |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  | ,  |                  |              |  |   |  |  |  |  |
|     | Name of trust   | Description and va   | alue of the prop | erty trans   | ferred   | Date Transfer was made                        |  |  |  |  |
| Par | t 8: List of Certain Financial Accounts, Instru   | ıments, Safe Deposit   | Boxes, and Sto   | rage Units   | <b>S</b>   |   |  |  |  |  |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  |  |                  |              |  |   |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                  |              |  |   |  |  |  |  |
|     | Name of Financial Institution and La  | ast 4 digits of Type of account or count number instrument                     |                  | nt or        | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |  |  |  |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables?  No Yes. Fill in the details.  | r before you filed for   | bankruptcy, an   | y safe dep   | osit box or other deposi                             | tory for securities,                          |  |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had access to it?  Address (Number, Street, City, State and ZIP Code) |                  |              | the contents   | Do you still have it?                         |  |  |  |  |
| 22. | Have you stored property in a storage unit or p   | lace other than your   | home within 1 y  | year befor   | e you filed for bankruptc                            | y?  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                  |              |  |   |  |  |  |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code)      |                  | Describe t   | the contents   | Do you still have it?                         |  |  |  |  |
| Par | t 9: Identify Property You Hold or Control for  | Someone Else   |                  |              |  |   |  |  |  |  |
| 23. | Do you hold or control any property that some for someone.  No Yes. Fill in the details.  | one else owns? Inclu   | de any property  | y you borr   | owed from, are storing f                             | or, or hold in trust                          |  |  |  |  |
|     | Owner's Name Address (Number, Street, City, State and ZIP Code)   | Where is the prop  |                  | Describe t   | the property   | Value   |  |  |  |  |
| Par | t 10: Give Details About Environmental Inform   | Code)  |                  |              |  |   |  |  |  |  |
| For | the purpose of Part 10, the following definitions   | apply:   |                  |              |  |   |  |  |  |  |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107

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Debtor 1 Nick Adam Stamper

|     |   | c substances, wastes, or material into tule all the second of the second |         |  | dwat  | ter, or other medium, including st  | atutes or             |  |
|-----|---|--|---------|--|-------|-------------------------------------|-----------------------|--|
|     |   | means any location, facility, or propert wn, operate, or utilize it, including dispose   | -       |  | law,  | whether you now own, operate, o     | or utilize it or used |  |
|     |   | <i>ardous material</i> means anything an env<br>ardous material, pollutant, contaminant  |         |  | s wa  | ste, hazardous substance, toxic s   | substance,            |  |
| Rep | ort a   | II notices, releases, and proceedings th   | at yo   | u know about, regardless of wher   | n the | ey occurred.                        |                       |  |
| 24. | Has   | any governmental unit notified you tha   | ıt you  | may be liable or potentially liable  | unc   | der or in violation of an environme | ental law?            |  |
|     |   | No   |         |  |       |                                     |                       |  |
|     | _   | Yes. Fill in the details.  |         |  |       |                                     |                       |  |
|     |   | me of site<br>dress (Number, Street, City, State and ZIP Code)   |         | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d     | Environmental law, if you know it   | Date of notice        |  |
| 25. | Hav   | e you notified any governmental unit of  | f any i | release of hazardous material?   |       |                                     |                       |  |
|     |   | No   |         |  |       |                                     |                       |  |
|     |   | Yes. Fill in the details.  |         |  |       |                                     |                       |  |
|     |   | me of site<br>dress (Number, Street, City, State and ZIP Code)   |         | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d     | Environmental law, if you know it   | Date of notice        |  |
| 26. | Hav   | e you been a party in any judicial or adı  | minis   | trative proceeding under any envi  | ironi | mental law? Include settlements a   | and orders.           |  |
|     |   |  |         |  |       |                                     |                       |  |
|     | _   | No<br>Yes. Fill in the details.  |         |  |       |                                     |                       |  |
|     | _   | se Title   |         | Court or agency  | Na    | ture of the case                    | Status of the         |  |
|     | Ca  | se Number  |         | Name<br>Address (Number, Street, City,<br>State and ZIP Code)              |       |                                     | case                  |  |
| Par | t 11:   | Give Details About Your Business or  | Conn    | nections to Any Business   |       |                                     |                       |  |
| 27. | Wit   | nin 4 years before you filed for bankrup   | tcy, d  | id you own a business or have an   | ıy of | the following connections to any    | business?             |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time |  |         |  |       |                                     |                       |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)                        |  |         |  |       |                                     |                       |  |
|     |   | ☐ A partner in a partnership   |         |  |       |                                     |                       |  |
|     |   | ☐ An officer, director, or managing ex   | cecuti  | ve of a corporation  |       |                                     |                       |  |
|     |   | ☐ An owner of at least 5% of the votin   | ng or e | equity securities of a corporation   |       |                                     |                       |  |
|     |   | No. None of the above applies. Go to   | Part 1  | 2.   |       |                                     |                       |  |
|     |   | Yes. Check all that apply above and fil  | l in th | e details below for each business  | s.    |                                     |                       |  |
|     |   | siness Name  | Des     | scribe the nature of the business  |       | Employer Identification number      |                       |  |
|     |   | dress nber, Street, City, State and ZIP Code)  | Nan     | ne of accountant or bookkeeper   |       | Do not include Social Security      | number or IIIN.       |  |
| 28. |   | nin 2 years before you filed for bankrup<br>itutions, creditors, or other parties.   | tcy, d  | id you give a financial statement t  | to ar | nyone about your business? Inclu    | ıde all financial     |  |
|     |   | No<br>Yes. Fill in the details below.  |         |  |       |                                     |                       |  |
|     | Na  |  | Dat     | e Issued   |       |                                     |                       |  |
|     | Address (Number, Street, City, State and ZIP Code)  |  |         |  |       |                                     |                       |  |

Part 12: Sign Below

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Debtor 1 Nick Adam Stamper Case number (if known) are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Nick Adam Stamper Signature of Debtor 2 Nick Adam Stamper Signature of Debtor 1 Date Date February 11, 2019 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this inforn                  | nation to identify your  | case:                                       |   |  |
|--------------------------------------|--|---|---|--|
| Debtor 1                             | Nick Adam Stamp  | per   |   |  |
|                                      | First Name   | Middle Name                                 | Last Name   |  |
| Debtor 2<br>(Spouse if, filing)      | First Name   | Middle Name                                 | Last Name   |  |
| United States Bar                    | nkruptcy Court for the:  | SOUTHERN DIST                               | FRICT OF WEST VIRGINIA  |  |
| Casa number                          |  |   |   |  |
| Case number(if known)                |  |   |   | Check if this is an amended filing                       |
| Official Fo<br><b>Statemer</b>       |  | n for Indiv                                 | viduals Filing Under Cha <sub>l</sub>   | pter 7 12/15   |
| _                                    | vidual filing under cha  | -   | l out this form if:   |  |
| you have lease<br>You must file this | ed personal property a<br>s form with the court w<br>ver is earlier, unless th | nd the lease has n                          | ot expired.<br>you file your bankruptcy petition or by the dat<br>e time for cause. You must also send copies t                           |  |
|                                      | ople are filing together<br>d date the form.                                   | r in a joint case, bo                       | th are equally responsible for supplying corre  | ect information. Both debtors must                       |
| write yo                             | our name and case nur  | nber (if known).                            | s needed, attach a separate sheet to this form.   | On the top of any additional pages,                      |
| <u>'</u>                             | our Creditors Who Have   |   |   |  |
| 1. For any creditor information be   | -  | art 1 of Schedule D                         | : Creditors Who Have Claims Secured by Prop   | perty (Official Form 106D), fill in the                  |
|                                      | editor and the property t  | hat is collateral                           | What do you intend to do with the property secures a debt?  | that Did you claim the property as exempt on Schedule C? |
| One ditarda - N                      |  |   |   | _  |
| Creditor's Name:                     | ationstar/mr Cooper  | •   | Surrender the property.   | □ No   |
|                                      | 44734 8  | D. II. 1407                                 | <ul><li>☐ Retain the property and redeem it.</li><li>☐ Retain the property and enter into a</li></ul>                                     | ■ Yes  |
| property                             | 147 W. Reynolds A<br>25015 Kanawha C   | •   | Reaffirmation Agreement.  Retain the property and [explain]:  |  |
| securing debt:                       |  |   |   |  |
| Part 2: List Yo                      | our Unexpired Persona  | I Property Leases                           |   |  |
| For any unexpire in the information  | d personal property le<br>n below. Do not list rea                             | ase that you listed<br>Il estate leases. Un | in Schedule G: Executory Contracts and Unexpired leases are leases that are still in effecthe trustee does not assume it. 11 U.S.C. § 365 | t; the lease period has not yet ended.                   |
| Describe your u                      | nexpired personal pro  | perty leases                                |   | Will the lease be assumed?                               |
| Lessor's name:                       |  |   |   | □ No   |
| Description of lea                   | sed  |   |   |  |
| Property:                            |  |   |   | ☐ Yes  |
| Lessor's name:                       |  |   |   | □ No   |
| Description of lea<br>Property:      | ised   |   |   | ☐ Yes  |
| Lessor's name:                       |  |   |   | □ No   |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Deb  | tor 1              | Nick Adam Stamper   | Case number (if known)  |                               |
|------|--------------------|---|---|-------------------------------|
|      | criptior<br>perty: | n of leased   |   | ☐ Yes                         |
|      | , .                |   |   | 103                           |
|      | sor's na           | ame:<br>n of leased   |   | □ No                          |
|      | cription<br>perty: | i oi leaseu   |   | ☐ Yes                         |
|      | sor's na           | ame:<br>n of leased   |   | □ No                          |
|      | perty:             | Torreased   |   | ☐ Yes                         |
|      | sor's na           |   |   | □ No                          |
|      | cription<br>perty: | of leased   |   | ☐ Yes                         |
|      | sor's na           |   |   | □ No                          |
|      | criptior<br>perty: | n of leased   |   | ☐ Yes                         |
| Part | 3:                 | Sign Below  |   |                               |
|      |                    | alty of perjury, I declare that I have in<br>at is subject to an unexpired lease. | dicated my intention about any property of my estate that see | cures a debt and any personal |
| X    | /s/ N              | ick Adam Stamper  | X   |                               |
|      |                    | Adam Stamper<br>ture of Debtor 1  | Signature of Debtor 2   |                               |
|      | Date               | February 11, 2019   | Date  |                               |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Ch       | apter 7: | Liquidation        |  |
|----------|----------|--------------------|--|
|          | \$245    | filing fee         |  |
|          | \$75     | administrative fee |  |
| <u>+</u> | \$15     | trustee surcharge  |  |
|          | \$335    | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 3:19-bk-30044 Doc 1 Filed 02/11/19 Entered 02/11/19 09:59:26 Desc Main Document Page 45 of 48

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Southern District of West Virginia

| In  | re Nick Adam Stamper  | 8  | Case N                       | ο.                     |                     |
|-----|---|--|------------------------------|------------------------|---------------------|
|     |   | Debtor(s)  | Chapte                       |                        |                     |
|     | DISCLOSURE OF COMPE   | NSATION OF ATTOR   | RNEY FOR I                   | DEBTOR(S)              |                     |
| 1.  | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of the debtor (s).   | ng of the petition in bankruptcy,                              | or agreed to be pa           | aid to me, for service |                     |
|     | For legal services, I have agreed to accept   |  | \$                           | 995.00                 |                     |
|     | Prior to the filing of this statement I have received.  |  | \$                           | 995.00                 |                     |
|     | Balance Due   |  | \$                           | 0.00                   |                     |
| 2.  | The source of the compensation paid to me was:  |  |                              |                        |                     |
|     | ■ Debtor □ Other (specify):   |  |                              |                        |                     |
| 3.  | The source of compensation to be paid to me is:   |  |                              |                        |                     |
|     | ■ Debtor □ Other (specify):   |  |                              |                        |                     |
| 4.  | ■ I have not agreed to share the above-disclosed comp   | pensation with any other person                                | unless they are m            | embers and associa     | tes of my law firm. |
|     | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the national control of the same copy of the agreement.   |  |                              |                        | my law firm. A      |
| 5.  | In return for the above-disclosed fee, I have agreed to re  | ender legal service for all aspects                            | s of the bankrupto           | y case, including:     |                     |
|     | <ul><li>a. Analysis of the debtor's financial situation, and rende</li><li>b. Preparation and filing of any petition, schedules, stat</li><li>c. Representation of the debtor at the meeting of credite</li><li>d. [Other provisions as needed]</li></ul> | tement of affairs and plan which                               | may be required;             | -                      | bankruptcy;         |
|     | Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on ho   | ons as needed; preparation                                     |                              |                        |                     |
| 5.  | By agreement with the debtor(s), the above-disclosed fe<br>Representation of the debtors in any dis-<br>any other adversary proceeding.   | e does not include the following schargeability actions, judio | service:<br>cial lien avoida | nces, relief from      | stay actions or     |
|     |   | CERTIFICATION  |                              |                        |                     |
| thi | I certify that the foregoing is a complete statement of an is bankruptcy proceeding.  | y agreement or arrangement for                                 | payment to me for            | or representation of   | the debtor(s) in    |
|     | February 11, 2019   | /s/ Megan A. Patri   |                              |                        |                     |
|     | Date  | Megan A. Patrick Signature of Attorne                          |                              |                        |                     |
|     |   | Klein and Sherida  | in LC                        |                        |                     |
|     |   | 3566 Teays Valley<br>Hurricane, WV 25                          |                              |                        |                     |
|     |   | (304) 562-7111 Fa  | ax: (304) 562-7              | 115                    |                     |
|     |   | bankruptcy@ksw Name of law firm                                | vlaw.com                     |                        |                     |
|     |   | rume of taw film   |                              |                        |                     |

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### **United States Bankruptcy Court** Southern District of West Virginia

|                        |                               | Southern District of West Virginia                 |                  |                       |
|------------------------|-------------------------------|--|------------------|-----------------------|
| re <b>Nicl</b>         | k Adam Stamper                |  | Case No.         |                       |
|                        |                               | Debtor(s)  | Chapter          | 7                     |
|                        |                               |  |                  |                       |
|                        | VERI                          | FICATION OF CREDITOR M                             | IATRIX           |                       |
| e above-na             | amed Debtor hereby verifies t | hat the attached list of creditors is true and cor | rect to the best | of his/her knowledge. |
| o <sub>ate:</sub> Febr | ruary 11, 2019                | /s/ Nick Adam Stamper                              |                  |                       |
| Jaic. 1001             | y,                            | Nick Adam Stamper                                  |                  |                       |

Signature of Debtor

Amca 2269 S Saw Mill Elmsford, NY 10523

Capital One Bank Usa N Po Box 30281 Salt Lake City, UT 84130

Chase Card Po Box 15298 Wilmington, DE 19850

Citicards Cbna Po Box 6241 Sioux Falls, SD 57117

Comenitycb/myplacerwds Po Box 182120 Columbus, OH 43218

Discover Fin Svcs Llc Pob 15316 Wilmington, DE 19850

Healthcare Financial S 1204 Kanawha Blvd E Charleston, WV 25301

I C System Inc Po Box 64378 Saint Paul, MN 55164

Nationstar/mr Cooper 8950 Cypress Waters Blvd Coppell, TX 75019

Penn Credit 916 S. 14th St. P.O. Box 988 Harrisburg, PA 17108

Pioneer Fcu Pob 2524 Charleston, WV 25329 RMCB PO BOX 1235 Elmsford, NY 10523

Town of Belle Municipal Fees 1100 E. Dupont Ave. Belle, WV 25015

WV American Water 600 Pennsylvania Ave. Charleston, WV 25302

WV Trustee Services 618 10th St., Suite 108 Huntington, WV 25701